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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 32534

Consultant:

1. OWNER Kennedy/Jenks Consultants ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5190 Neil Road, Suite 300 Refuse, Inc.
Reno, Nevada 89502 Lockwood Landfill
 2. LOCATION CCAA 1/4 1/4 Sec. 22 T. 19 N/S R. 21 E Storey County
 PERMIT NO. R-248 #LL-2A 04-131-03 Lockwood, Lagomarsino Canyon
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ABANDONMENT:				
Static Water Level:	33.4'			
Total Depth:	72'			
Equipment Used:				
-Service Truck and 3 man crew				
-70ft. 1 1/2 dia. Tremie pipe				
-High Pressure Cement pump & Mixer				
Materials Used:				
-7 sacks of cement				
-1 sack of bentonite 2%				
1.) Measure SWL 33.4 & TD 72				
2.) Glue threaded adapter to existing casing.				
3.) Set tremie pipe to bottom of casing.				
4.) Pump neat cement from bottom to surface (# of sacks 5)				
5.) Pull tremie, fill casing & attach from cement pump directly to casing.				
6.) Pump cement @100 to 150 PSI squeezing cement through perforations into the surrounding formation. (# of sacks 2) When pressure increases, discontinue pumping.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 6-15-95, 19____
 Date completed 6-15-95, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Wayne Drilling Inc Contractor
 Address P.O. Box 12370 Contractor
Reno, Nevada 89510
 Nevada contractor's license number issued by the State Contractor's Board 22549
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 908
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date June 29, 1995